

**WR005**  
**REVISED 04/19/06**

**FOR OFFICE USE ONLY**  
**Date Issued** \_\_\_\_\_  
☐ **Check**  
☐ **Money Order**  
**Approved Initials** \_\_\_\_\_

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF MARINE WATER MONITORING  
P.O. BOX 405 STONEY HILL ROAD  
LEEDS POINT, NEW JERSEY 08220

APPLICATION FOR SPECIAL PERMIT TO PARTICIPATE IN A STATE APPROVED SHELLFISH RELAY PROGRAM UTILIZING SPECIFIED SPECIAL RESTRICTED AND SEASONAL SPECIAL RESTRICTED WATERS WITHIN THE STATE OF NEW JERSEY.

**THE RELAY PROGRAM HAS BEEN SUSPENDED BY THE NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION, EFFECTIVE APRIL 17, 2006 THROUGH DECEMBER 31, 2006. THEREFORE, ANY LANGUAGE WITHIN THIS DOCUMENT OR THE ISSUED PERMIT PERTAINING TO THE HARVEST OF HARD CLAMS FROM *SPECIAL RESTRICTED* WATERS IS NOT APPLICABLE. THE PERMITTEE WILL BE ABLE TO MAINTAIN THEIR LOTS AND HARVEST ANY PRODUCT PLANTED PRIOR TO NOVEMBER 2005. BE ADVISED, THE PERMITTEE MUST RENEW THEIR RELAY LEASE THROUGH THE SHELLFISH OFFICE AFTER PERMIT RENEWAL.**

**THE INCLUSIVE DATES OF THIS PERMIT SHALL BE FROM APRIL 17, 2006 THROUGH DECEMBER 31, 2006, UNLESS REVOKED OR SUSPENDED BY THE DEPARTMENT PRIOR TO THAT DATE FOR CAUSE.**

DATE: \_\_\_\_\_ Current Permit # \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

DRIVERS LICENSE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

NEW JERSEY DIVISION OF FISH AND WILDLIFE COMMERCIAL SHELLFISH HARVESTING LICENSE NO.  
\_\_\_\_\_

Applicant shall provide a copy of their valid commercial shellfish harvesters license with the application.

I hereby apply for a special permit to participate in a State approved shellfish relay program utilizing specified Special Restricted and Seasonal Special Restricted waters within the State of New Jersey.

Type of special relay permit for which application is being made:

- ☐ **1. Permit (Permit 5a)** To Harvest, Buy, and Sell Hard Clams in Conjunction with a State Approved Shellfish Relay Program. Special relay leased plot number in Approved waters \_\_\_\_\_. Lease issued to \_\_\_\_\_. Special relay leased lot location (bay) \_\_\_\_\_.

I understand that it is my responsibility to keep the Bureau of Marine Water Monitoring informed of my current mailing address. A change of address from that submitted on this application, as well as subsequent changes therefrom must be reported to the Leeds Point office within one week of change in writing. Failure to notify the Bureau of Marine Water Monitoring, in writing, of an address change may be cause for suspension of the permit.

This application must be accompanied by a fee (check or money order) of \$25 in accordance with N.J.S.A. 58:24-3. PLEASE DO NOT SEND CASH. Please make check or money order payable to **TREASURER, STATE OF NEW JERSEY**

SEND TO: Robert Connell, Chief  
Marine Water Monitoring  
P.O. Box 405 Stoney Hill Road  
Leeds Point, New Jersey 08220

#### **Requirements and Conditions:**

1. All 5a permittees are required to possess a special relay lease issued by the department (see N.J.A.C 7:25-15.1) as a condition of this permit. The applicant is solely responsible for maintenance of all signs, stakes and markers as established in N.J.S.A. 50:1-5.
2. Species limited under said permit to hard clams (Mercenaria mercenaria).
3. The harvester must possess a valid **New Jersey Commercial Shellfish Harvesting License** issued by the New Jersey Division of Fish, Game and Wildlife.
4. Harvesting from waters designated for relay purposes shall be subject to all State laws and regulations applicable to the harvest of hard clams from Approved waters.
5. The participant must have this permit in his possession while working in all phases of the relay program.
6. The State Department of Environmental Protection reserves the right to suspend or revoke this permit at any time that in the department's judgement its continued use may imperil the public health.
7. I understand and acknowledge that this program is strictly regulated and that I am subject to inspection and collection of Shellfish while engaged in this regulated activity. I understand that I have consented to a search of my vessel, vehicle and any containers therein by enforcement personnel who are enforcing the provisions of this program. Shellfish found under participant's control contrary to these and other applicable statutes and regulations shall be subject to seizure.
8. Signs having a white background with 6" legible black lettering, giving the participants first initial and last name and Special Relay permit number shall be placed and maintained (amidships) on both sides of the participants boat while participating in any phase of the program.
9. Dredging and other illegal methods of harvesting are prohibited.
10. Only the lessee or a substitute harvester shall remove clams from the leased plots. A substitute harvester must possess a Letter of Permission (issued by the Division of Fish, Game and Wildlife) from the lessee giving the dates for which he is allowed harvest privileges, and the lessee's permit number from the Bureau of Marine Water Monitoring (Permit 5a).

PLEASE NOTE:

If, upon review of this application, the Bureau issues the applicant a permit, that permit is issued subject to the requirements and conditions as set forth in paragraphs 1 through 10, above. Violation of any of these requirements and conditions may subject the permit holder to enforcement action under N.J.S.A. 58:24-3. Such enforcement action may include, but will not necessarily be limited to, suspension or revocation of the permit. By signing this application below, the applicant states that he or she understands and agrees to comply with all such requirements and conditions.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**FOR YOUR CONVENIENCE:**

Applications can now be downloaded from our website @ <http://www.nj.gov/dep/bmw/index.html>  
Go to Shellfish Harvesting, then click on Permit Applications.

☐

Check here if you plan to get next year's application from our website and you **DO NOT WANT AN APPLICATION MAILED TO YOU NEXT YEAR.**